COLORADO
Department of Regulatory Agencies
Division of Professions and Occupations

Post Degree Supervision Verification Instructions | Licensed Professional Counselor

- Prior to engaging in a supervisory relationship with a provider, It is solely the applicant's responsibility to ensure and verify that the potential supervisor is qualified and has completed the education and training for supervision as outlined in Rule. Follow this link to review the most current version of the Rules.
- Keep originals and upload a COPY of ONE form for EACH supervisor and place of employment.
- All fields must be completed.
- Original signatures are required.
- The supervisor MUST initial ANY corrections to the form(s), including white-outs and crossed out information.
- Signatures cannot be dated prior to the last date of experience.
- The supervisor must be or have been licensed in the state in which the supervision took place during the time of supervision. Out of state hours must be submitted on Colorado forms and include a copy of the supervisors license.
- Supervised experience hours must be completed after the date all degree requirements have been met. If you completed all degree requirements prior to the conferral date posted on your transcript and wish to begin counting your post-degree supervised experience from the earlier date, the Department Chair or a staff member of similar status must provide a letter verifying the date you met all requirements for the specific degree awarded.
- Once all hours have been completed, upload all Post-Degree Experience and Supervision form(s) together at the time of your online application.
- Experience and supervision must be done concurrently.

Supervised Experience:

- 2000 clock hours over a minimum of 24 months of clinical supervision of which 300 hours may include teaching professional counseling. All hours can be done in the following ways but are not limited to individual, group, telephone, electronic mail, audio-visual, process recording, direct observation, tele-supervision, telecommunication (teleconferencing, fax, videotapes), and hospital rounds.

You may review the Laws, Rules and Policies webpage here: dpo.colorado.gov/ProfessionalCounselor/Laws

NOTE: Individuals providing psychotherapy services and/or completing experience and supervision requirements for certification or licensure MUST possess a current unlicensed psychotherapist (NLC) license unless they hold one of the following: Addiction Counselor Candidate (ADDC), Marriage & Family Therapist Candidate (MFTC), Clinical Social Work Candidate/Licensed Social Worker (SWC, LSW), Psychologist Candidate (PSYC), or Licensed Professional Counselor Candidate (LPCC). Failure to do so may result in unlicensed practice and denial of accumulated post degree experience.

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Post Degree Experience and Supervision | Licensed Professional Counselor

Applicant Name: Helen (First) Virginia (Middle) White (Last/Suffix)

Place of Employment: Grander Peace Counseling Position Title: Associate-Level Therapist

Employment Address: n/a clinician worked virtually. Agency address: 658 Grand Avenue
(P.O. Box/Street) (City) Saint Paul, MN 55116 (State) (Zip)

Supervision Information

This section must be completed by the supervisor. The information listed below must reflect only those post-degree activities and services the applicant performed under the supervisor's "personal direction and responsible direction" (see the Board of Licensed Professional Counselor Examiners Rules, Licensure by Examination, and the Colorado Mental Health Statute, for applicable rules and definitions).

Supervised Experience was completed between the following dates:

- 2,000 clock hours must be documented over a minimum of 24 months of clinical supervision, of which 300 hours may include teaching professional counseling.

Start Date (mm/dd/yyyy): 03/10/2025 End Date (mm/dd/yyyy): 08/18/2025

Clinical Supervision Hours: 30 Does this experience include teaching? ☐ Yes ☑ No

If **YES**, how many teaching hours (as included in clinical supervision hours above):

- Attach a description of the courses taught.

Total Hours of Post Degree Supervised Experience: 498

Supervisor Information:

Supervisor Name: Karen MountainJohnson, MA, LPCC
(First) (Middle) (Last/Suffix)

Certification/License Number: cc00152 Original Issue Date: 5/1/2010 Expiration Date: 4/20/2026

State where experience/supervision took place: Minnesota Supervision Hours per Month: 6-8

Attestation

I affirm that the experience and supervision I have described on this form was conducted and completed in accordance with Colorado Revised Statutes and Licensed Professional Counselor Examiners Rules, Licensure by Examination. I further affirm that the supervisee's work toward the hours of experience was conducted and completed under my supervision, and has met the generally accepted standards of practice.

I declare under penalty of perjury in the second degree that the statements made in this application are true and complete to the best of my knowledge. False statements made herein are punishable by law and may constitute violation of the practice act.

Karen MountainJohnson, MA, LPCC — 9/24/2025
Supervisor Signature — Date

Applicant Signature — 09/19/2025
Applicant Signature — Date

COLORADO
Department of Regulatory Agencies
Division of Professions and Occupations

Post Degree Experience and Supervision | Licensed Professional Counselor

Applicant Name: Helen (First) Virginia (Middle) White (Last/Suffix)

Place of Employment: Lilium Center Position Title: Associate-Level Therapist

Employment Address: 7101 York Ave South (P.O. Box/Street) Edina (City) MN (State) 55435 (Zip)

Supervision Information

This section must be completed by the supervisor. The information listed below must reflect only those post-degree activities and services the applicant performed under the supervisor's "personal direction and responsible direction" (see the Board of Licensed Professional Counselor Examiners Rules, Licensure by Examination, and the Colorado Mental Health Statute, for applicable rules and definitions).

Supervised Experience was completed between the following dates:

- 2,000 clock hours must be documented over a minimum of 24 months of clinical supervision, of which 300 hours may include teaching professional counseling.

Start Date (mm/dd/yyyy): 07/08/2024 End Date (mm/dd/yyyy): 03/14/2025

Clinical Supervision Hours: 53 Does this experience include teaching? ☐ Yes ☑ No

If **YES**, how many teaching hours (as included in clinical supervision hours above):

- Attach a description of the courses taught.

Total Hours of Post Degree Supervised Experience: 728 731

Supervisor Information:

Supervisor Name: Stacia (First) (Middle) Hanson, MA, LP (Last/Suffix)

Certification/License Number: Original Issue Date: Expiration Date:

State where experience/supervision took place: Minnesota Supervision Hours per Month: 6-8

Attestation

I affirm that the experience and supervision I have described on this form was conducted and completed in accordance with Colorado Revised Statutes and Licensed Professional Counselor Examiners Rules, Licensure by Examination. I further affirm that the supervisee's work toward the hours of experience was conducted and completed under my supervision, and has met the generally accepted standards of practice.

I declare under penalty of perjury in the second degree that the statements made in this application are true and complete to the best of my knowledge. False statements made herein are punishable by law and may constitute violation of the practice act.

MAP #5101
Supervisor Signature

10/06/2025
Date

Applicant Signature

09/23/2025
Date

COLORADO
Department of Regulatory Agencies
Division of Professions and Occupations

Post Degree Experience and Supervision | Licensed Professional Counselor

Applicant Name: Helen (First) Virginia (Middle) White (Last/Suffix)

Place of Employment: Center for Counseling and Wellness Position Title: Psychotherapist

Employment Address: 333 Grand Ave. Suite 205 (P.O. Box/Street) Saint Paul (City) Minnesota (State) 55102 (Zip)

Supervision Information

This section must be completed by the supervisor. The information listed below must reflect only those post-degree activities and services the applicant performed under the supervisor's "personal direction and responsible direction" (see the Board of Licensed Professional Counselor Examiners Rules, Licensure by Examination, and the Colorado Mental Health Statute, for applicable rules and definitions).

Supervised Experience was completed between the following dates:

- 2,000 clock hours must be documented over a minimum of 24 months of clinical supervision, of which 300 hours may include teaching professional counseling.

Start Date (mm/dd/yyyy): 05/15/2023 End Date (mm/dd/yyyy): 05/18/2024

Clinical Supervision Hours: 19.5 Does this experience include teaching? ☐ Yes ☑ No

If **YES**, how many teaching hours (as included in clinical supervision hours above):

- Attach a description of the courses taught.

Total Hours of Post Degree Supervised Experience: 1167.25

Supervisor Information:

Supervisor Name: Jennie (First) Yngsdahl, MA, Licensed Psychologist (Last/Suffix)

Certification/License Number: MN LP4935 Original Issue Date: 6/20/2008 Expiration Date: 6/30/2026

State where experience/supervision took place: Minnesota Supervision Hours per Month: 3

Attestation

I affirm that the experience and supervision I have described on this form was conducted and completed in accordance with Colorado Revised Statutes and Licensed Professional Counselor Examiners Rules, Licensure by Examination. I further affirm that the supervisee's work toward the hours of experience was conducted and completed under my supervision, and has met the generally accepted standards of practice.

I declare under penalty of perjury in the second degree that the statements made in this application are true and complete to the best of my knowledge. False statements made herein are punishable by law and may constitute violation of the practice act.

Jennie Yngsdahl, MA LP — Supervisor Signature — 8/14/2025 — Date

Applicant Signature — 08/14/2025 — Date

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Post Degree Experience and Supervision | Licensed Professional Counselor

Applicant Name: Helen (First) Virginia (Middle) White (Last/Suffix)

Place of Employment: Center for Counseling and Wellness Position Title: Psychotherapist

Employment Address: 333 Grand Ave. (P.O. Box/Street) Saint Paul (City) Minnesota (State) 55102 (Zip)

Supervision Information

This section must be completed by the supervisor. The information listed below must reflect only those post-degree activities and services the applicant performed under the supervisor's "personal direction and responsible direction" (see the Board of Licensed Professional Counselor Examiners Rules, Licensure by Examination, and the Colorado Mental Health Statute, for applicable rules and definitions).

Supervised Experience was completed between the following dates:

- 2,000 clock hours must be documented over a minimum of 24 months of clinical supervision, of which 300 hours may include teaching professional counseling.

Start Date (mm/dd/yyyy): 05/15/2023 End Date (mm/dd/yyyy): 05/18/2024

Clinical Supervision Hours: 34.75 Does this experience include teaching? ☐ Yes ☑ No

If **YES**, how many teaching hours (as included in clinical supervision hours above):

- Attach a description of the courses taught.

Total Hours of Post Degree Supervised Experience: 1167.25

Supervisor Information:

Supervisor Name: Kyle (First) Paige (Middle) Murray, MSW, Licensed Clinical Social Worker (Last/Suffix) KPM

Certification/License Number: 24490 Original Issue Date: 11/29/2017 Expiration Date: 7/31/2027 KPM

State where experience/supervision took place: Minnesota Supervision Hours per Month: 2-4

Attestation

I affirm that the experience and supervision I have described on this form was conducted and completed in accordance with Colorado Revised Statutes and Licensed Professional Counselor Examiners Rules, Licensure by Examination. I further affirm that the supervisee's work toward the hours of experience was conducted and completed under my supervision, and has met the generally accepted standards of practice.

I declare under penalty of perjury in the second degree that the statements made in this application are true and complete to the best of my knowledge. False statements made herein are punishable by law and may constitute violation of the practice act.

Supervisor Signature MSW, LICSW Date 8/15/25

Applicant Signature 08/14/2025 Date